



MEDICAL PAROLE APPLICATION ROUTING FORM

OFFENDER NAME: _____

OFFENDER NUMBER: _____ UNIT: _____

Please route in numbered order.

1. INSTITUTIONAL PROBATION AND PAROLE OFFICER

- ☐ Completed Application for Medical Parole
- ☐ Supplemental information attached, including waiver to release medical Information.

Comments: _____

Signature: _____ Date: _____

2. MEDICAL DIRECTOR or HEALTH SERVICES BUREAU STAFF *Please return to IPPO.*

- ☐ Recommend Approval
- ☐ Recommend Disapproval

Comments: _____

Signature: _____ Date: _____

3. WARDEN/ADMINISTRATOR/SUPERINTENDENT *Please return documentation to IPPO.*

- ☐ Approved
- ☐ Disapproved

Comments: _____

Signature: _____ Date: _____

4. INSTITUTIONAL PROBATION AND PAROLE OFFICER

- ☐ Medical Examination Report ☐ Medical waiver signed by applicant
- ☐ Recommended Condition of Parole ☐ Power of Attorney, if applicable

Comments: _____

Signature: _____ Date: _____